

CHILDREN'S ADMINISTRATION DIVISION OF LICENSED RESOURCES

FOSTER HOME INSPECTION CHECKLIST

APPLICAN	T/PROVIDER NAME			INSPECTION	N DATE
ADDRESS		CITY	STATE ZII	P CODE	TELEPHONE
in the sp	propriate CODE ace provided.	C = Rule is met X = Rule is not met	D = Discussed with fo W = Exception Grante	ed	N/A = Not applicable
GENERA	L			COMMENTS	S/NOTES/CORRECTIONS
0155	Facility is	clean, sanitary, and free of	hazards		
0165	Home is fr plan when	ree from hazardous condition required	ns; supervision		
0155	Adequate	handrails and ramps if requi	ired _		
0155	Operating	Operating emergency lighting			
0155		ppriate furnishings based on under care	age and activities		
0155	Bathroom	, kitchen floors are washable	e		
0155	Electrical	outlets are tamper-proof	_		
0160	Premises	are free from pests	_		
0165	Address is vehicles	s clearly visible and is acces	ssible to emergency		
0170	Pools and children	hot tubs are secured and in	naccessible to		
	Pools are	adequately fenced to disco	urage climbing		
		sion plan is in place when th dies of water	e home has a		
0175	Pets and a	Pets and animals are safe and free from disease			
0180	Alcoholic I	Alcoholic beverages are inaccessible			
0185	Smoking i children	Smoking is prohibited in all living spaces and in car with children			
0190	to children	other weapons are secure and weapons and location	and inaccessible		
	Ammunition	on is kept inaccessible and	separate from		_
0195	Cleaning	supplies, toxic products are	inaccessible		
0210	Family vel	hicles are safe and have sea	atbelts _		
0210	All drivers	have current license and ins	surance _		
0215	Wheeled I	Wheeled baby walkers will not be used			
0275	Home has	at least one working teleph	one for		
0280	emergenc Light fixtur comfort	ies res provide children good vis	sibility and		
0290		peratures at reasonable lev	els for comfort		
0300	' <u></u>	adequate ventilation	-		
0305		adequate laundry facilities	and storage		
			-		

FOSTER HOME INSPECTION CHECKLIST DSHS 10-183 (REV. 04/2002) (AC 06/2002)

DISTRIBUTION: File Applicant

FOSTER HOME LICENSING CHECKLIST (Continuation)

APPLICAN	NT/PROVIDER N	AME		INSPECTION	DATE
			D = Discussed with for	•	N/A = Not applicable
In the space provided.					S/NOTES/CORRECTIONS
0310	Lau	ndry contaminated with urine entially infectious materials is			
0315	•	et and bathing facilities allow	, ,		
0315		ter parent will ensure water to eed 120 degrees	emperature does not		
0315	Bat	Bathing facilities have grab bars or non-skid pads			
0315	Too	Toddlers have potty chairs and toilet training equipment			
0400		Safety /sanitary requirements are followed for diapers, diaper changing, and potty-chairs			
0320	Wa	Water is from public system or approved private supply			
0325		Sewage and waste is discharged into a public system or septic			
FIRE SA	AFETY			COMMENTS	S/NOTES/CORRECTIONS
0225		ks on outside exit doors unlo n inside	ck when knob is turned		
0225	Hor	ne has one swinging exit doo oted on the side	or that is hinged or		
0225	Hor	ne has two exits			
0225	Eve	ry occupied area has access	s to at least one exit		
0225		stacles are not placed in exit cue windows	ways, stairways, or		
0225		barrier to exiting is easily op se delay	pened and does not		
0225	Sto	ves, heaters or obstacles do	not block exit ways		
0225		mmable materials and poisor dren	ns are inaccessible to		
0230	Wir	dows for emergency escapes	s are large enough for		
0230	Fire	places, wood stoves, heating	systems have barriers		
0235		oke alarms are in good worki unted correctly	ng condition and are		
0240		ne has at least one working 2 C fire extinguisher	2A10BC-rated 5 lb.		
0245	Mul	ti-level homes must have esc	ape from upper floor		
0250	Far	nily conducts regular fire drills	s with children		
0255	Far	nily has a written fire evacuat	ion plan for the home		
BEDRO				COMMENTS	NOTES/CORRECTIONS
0260		Irooms have adequate ceiling	-		
0260	Wir	dows permit emergency acc	ess or exit		

FOSTER HOME INSPECTION CHECKLIST
DSHS 10-183 (REV. 04/2002) (AC 06/2002) DISTRIBUTION: File Applicant PAGE 2 OF 4

FOSTER HOME LICENSING CHECKLIST (Continuation)

APPLICANT/PROV	IDER NAME			INSPECT	ON DATE
Place appropri		C = Rule is met X = Rule is not met	D = Discussed with forW = Exception Grante	•	N/A = Not applicable
BEDROOMS				COMMEN	TS/NOTES/CORRECTIONS
0260	Separate	e sleeping quarters for each	n gender 6 years of		
0260	•	as adequate floor space for	safety and comfort		
0260	Child over age one not in foster parent's room				
0260	No more than 4 children per bedroom				
0260	Only one mother and her infant permitted in a bedroom (80 sq. ft.)				
0270	='	ild has at least a 30 in. wid ble bed of their own			
0270	='	and cribs used for sleeping materials			
0270	_	beds have standard crib mand width for the comfort of t			
0270	Crib me	ets all safety requirements			
0270	Crib must have no more than 2 3/8th inches space between slats				
0270	Crib bur	npers, stuffed toys, pillows	not placed in cribs		
0270	Infants are placed on their backs for sleeping				
0270	Upper bunks not used by anyone who might be endangered				
MEDICAL CAR	E AND ME	DICATIONS		COMMEN	TS/NOTES/CORRECTIONS
0200	First aid	supplies are on hand			
0200		Ipecac is unexpired			
0205		cations are in locked storag	ae		
0340		arents own children have p	_		
0350	Disburse logged	Disbursement of all prescription medications is to be			
0350	Medicati labels	ons are given only accordir	ng to prescription		
FOOD/DIET				COMMEN	TS/NOTES/CORRECTIONS
0370	Food se the child	rved to children and infants ren	meets needs of		
QUALIFICATIO	NS/TRAIN	ING		COMMEN	TS/NOTES/CORRECTIONS
0515	Applican	ts are at least 21 years of	age.		
0520	• •	Orientation and Pre-Service	•		
0520	All careg	ivers have First Aid/CPR: t			
	expires_				

FOSTER HOME INSPECTION CHECKLIST DSHS 10-183 (REV. 04/2002) (AC 06/2002) DISTRIBUTION: File Applicant PAGE 3 OF 4

FOSTER HOME LICENSING CHECKLIST (Continuation)

APPLICANT/PROVIDER NAME				INSPECTION DATE		
Place appropriate CODE in the space provided.		C = Rule is met X = Rule is not met	D = Discussed with foster parent N/A = Not applicable W = Exception Granted			
QUALIFIC	CATIONS/TRAINI	NG (Continued)		COMMENTS/NOTES/CORRECTIONS		
0520 0520	Training is appropriate to the age range of children on the license: Training for ages All caregivers have HIV/AIDS training					
0345						
SIGNATU	IRES			1		
APPLICANT'S SIGNATURE			LICENSOR'S SIG	NATURE		

FOSTER HOME INSPECTION CHECKLIST DSHS 10-183 (REV. 04/2002) (AC 06/2002) DISTRIBUTION: File Applicant PAGE 4 OF 4